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PROCEDURE (V-A1): Services to Preserve Families in Their Homes

The Family Service Worker will:

- Go to “Workload”, “Case” in CHRIS and complete the automated “Family Strengths and Needs Assessment” found within the “Case Plan”, “Assessment”, section of CHRIS on the “Family” and “Child” screens within thirty (30) days from the “Open Date” established by the Case Connection. This report will be printed from CHRIS and may be the result of several family sessions.
- Consider resources for the family within DCFS, other DHS Divisions, state agencies, and in the community.
- Make a referral to another Division or community resource, if appropriate.
- Open a case in accordance to Procedure III-A1/III-A2 (Services Case Opening).
- Hold staffings, as needed, in accordance with Procedure IV-B1 (Case Staffings).
- Arrange for other services as needed.
- Deliver services as identified in the “Case Plan” (CFS 6010).
- Address the educational needs, including any special needs identified during the Strengths and Needs Assessment, of the children in the home, and attach copies of report cards, etc., as required in the “Case Plan” (CFS 6010).
- Conduct staffing to discuss closure.
- Close non-court involved case when both the Family Service Worker and the family agree that services are no longer needed or that the needs of the family will best be met by one or more referrals to other service providers.

POLICY (V-B): FAMILY SERVICE WORKER CONTACTS

The Division shall maintain a level of contact with the family adequate to protect the health and safety of the child, to protect the child from further child maltreatment and to provide family support. When a report of child maltreatment is true and it is determined that the child shall remain in the home, the appropriate frequency for visits to the child and family shall be no less than weekly in the home during the first month that the case is opened. If the case is open longer than one month, the Worker and his Supervisor may staff the case to determine if visits may safely be held less frequently than weekly. Visits to the family in the home, with a face-to-face visit with the child will be held at least once a month. Less frequent contact shall be dictated by the needs of the child and family and must have prior approval by the supervisor. The supervisor must review the Health and Safety Assessment and Risk Assessment before granting a waiver. (See Procedure II-E3 and II- E7)

PROCEDURE (V-B1): Family Service Worker Contacts

The Family Service Worker will:

- Visit the child and family in the home to address their assessed needs. If there is a reason why the visit did not occur in the home, document the reason in the case record. The FSW is responsible for making weekly face-to-face contacts with the family during the first month that the case is opened. Visits by other DCFS staff (e.g., SSA, Supervisor) will count as a weekly visit after the case has been opened 30 days.
- A face-to-face contact is defined as an in-person contact with the perpetrator, victim or caretaker (parent, guardian or other person responsible) for the purpose of observation, conversation or interviews about substantive case issues. Risk/needs assessment, treatment planning, case planning and/or progress, are examples of substantive case issues. A weekly or family visit is completed once contact is made with the victim child and primary caretakers to assess the child's health and safety and case plan progress.
- If the case is opened longer than one month, and the Supervisor has approved less frequent visits than weekly, visit the family in the home, with a face-to-face visit with the child as frequently as approved, but at least once a month. High-risk cases must continue to have at least weekly face-to-face contact. Moderate or low risk cases must have at least monthly face-to-face contact. Visits can occur in other locations, however, there must be a once a month visit to the home. Visits by other DCFS staff will not count as monthly visits.
- Engage family members in meaningful activities as dictated by the case plan.
- Document weekly visit contacts in the CHRIS client information screen by clicking on services/contacts and selecting new for each new client contact. Include the proposed visitation schedule in the case record documentation.
- Weekly contacts must be maintained for cases with "High" and "Intensive" risk levels and for families where the child's or family's situation raises protective concerns and where weekly contact is necessary to monitor the family situation and assure child safety. In addition, the worker should maintain weekly visits if the child is experiencing a period of crisis in the home, school, or community and contact with the worker can be of assistance to the child in coping with the crisis.

The County Supervisor will:

- Click on the Reviewed check box after reviewing the worker's contact.
- Click on the Weekly Contacts Waiver check box and key in the mandatory explanation field to include documentation that the **Health and Safety Assessment and Risk Assessment** has been reviewed in order for less than Weekly Contacts to be approved. (See Procedure II-E3 and II-E7.)

Under no circumstances can a waiver be granted for less than weekly contacts based on staff shortages without other appropriate justification.

VI. SERVICES TO REUNIFY FAMILIES

POLICY (VI-A): OUT-OF-HOME PLACEMENT CRITERIA

The state of Arkansas is not a voluntary placement state. The removal of a child from his home must occur pursuant to a judicial order placing custody of the child with the Department. When a child is in the custody of the Department of Human Services, DCFS shall ensure that the out-of-home placement is in the best interest of the child, is the least restrictive possible and is matched to the child's physical and therapeutic needs. A child of a parent who is under the age of eighteen (18) years, and is in DHS custody, is also considered a dependent juvenile and is eligible to receive foster care maintenance payments and is deemed to be a recipient of aid to families with dependent children. Titles XIX and XX services will be available to the child in the state in which the child resides. No child shall be placed in the home of a foster parent where a records check reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault or homicide. No child shall be placed in the home of a foster parent if the record check reveals a criminal conviction for physical assault, battery, or a drug related offense, if the offense was committed within the past five years. The placement decision shall be based on an individual assessment of the child's needs. All efforts to place a child within Arkansas shall be thoroughly explored and documented before consideration is given to out-of-state placement. Relatives shall be considered for placement first.

After the Department removes the child or the court grants custody of the child to the Department, the child shall be placed in a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined at A.C.A. § 9-28-402. The court shall not specify a particular provider for placement of any foster child.

The court shall not specify a particular provider for placement or family services, when DHS is the payor or provider. In all cases in which family services are ordered, the court shall determine the parent's, guardian's, or custodian's ability to pay, in whole or in part, for these services. This determination and the evidence supporting it shall be made in writing in the court order ordering family services. If the court determines that the parent, guardian, or custodian is able to pay, in whole or part, for the services, the court shall enter a written order setting forth the amounts the parent, guardian, or custodian can pay for the family services ordered and ordering the parent, guardian, or custodian to pay the amount periodically to the provider from whom family services are received.

When it is in the best interest of each of the children, the Department shall attempt to place siblings together while they are in a foster care and adoptive placement. When it is in the best interest of each of the children, the Department shall attempt to place together infants with minor mothers who are in foster care. Relatives of children placed in the custody of the Department shall be given preferential consideration for placement, if the relative caregiver meets all relevant child protection standards and it is in the child's best interest to be placed with the relative caregiver. In order to assist in placing the child with an appropriate relative, the court will order the parent(s) to provide the following information to the Department:

- The names, addresses, and phone numbers of any relatives who may be placement resources for the child;
- The names, addresses, and phone numbers and other identifying information on any putative father(s) of the child;
- Any information regarding possible membership or descent from an Indian tribe;
- Information necessary to determine financial eligibility for services or foster care.

Placement or custody of a child in the home of a relative shall not relieve the Department of its responsibility to actively implement the goal of the case. See Policy VI-J (Out-of-Home Non-DHS Custody/Relative Placements).

If the relative meets all relevant child protection standards and it is in the child's best interest to be placed with the relative caregiver, the worker shall discuss with the relative the following two (2) options for placement of the child in the relative's home:

- (1) The relative becoming a DHS relative foster home; or
- (2) The relative obtaining legal custody of the child.

The child shall remain in a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined at A.C.A. § 9-28-402(12), until the relative's home is opened as a regular foster home or the court grants custody of the child to the relative after a written approved home study is presented to the court.

If the court grants custody of the child to the relative:

- (A) The child shall not be placed back in the custody of the Department while remaining in the home of the relative;
- (B) The relative shall not receive any financial assistance, including board payments, from the Department, except for financial assistance for which the relative has applied and for which the relative qualifies pursuant to the program guidelines, such as the Transitional Employment Assistance Program, Food Stamps, Medicaid, and federal adoption subsidy; and
- (C) The Department shall not be ordered to pay the equivalent of board payments or adoption subsidies to the relative as reasonable efforts to prevent removal of custody from the relative.

Children who are in the custody of the Department shall be allowed trial placements with parents, for a period not to exceed thirty (30) days. At the end of the thirty (30) days, the court shall either place custody of the child with the parent or the Department shall return the child to a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined in A.C.A. § 9-28-402.

When a child leaves the custody of the Department and the court grants custody to the parent or another person, the Department is no longer legal custodian of the child, even if the Juvenile Division of Circuit Court retains jurisdiction.

Placement shall be chosen:

- To ensure the health and safety of a child;
- To ensure that caretakers have the skills and training sufficient to deal with the child's special needs and any disabling condition; and
- To keep the child in close proximity to the family, if possible, to maintain enrollment in the school the child attended before placement.

The Department shall make reasonable efforts to:

- Maintain the family unit and prevent the unnecessary removal of a child from his home, as long as the child's safety is assured;
- Effect the safe reunification of the child and family (if temporary out-of-home placement is necessary to ensure immediate safety of the child); and
- Make and finalize alternate permanency plans in a timely manner when reunification is not appropriate or possible. In determining reasonable efforts to be made with respect to a child and in making such reasonable efforts, the child's health and safety is of paramount concern.

Within 30 days of a child being placed in DHS custody, the Division will provide the parents with literature, verbal information, and referrals to programs for parenting, child abuse, substance abuse, sexual abuse and family planning.

After a child is placed out of the home, reasonable efforts will be made to reunify a family, to make it possible for the child to safely return home. A judicial determination pertaining to reasonable efforts to prevent removal must have been made within 60 days of the child's removal from the home, otherwise the child will not be eligible for Title IV-E foster care maintenance payments for the duration of his stay in foster care. Reasonable efforts to finalize an alternate permanency plan (i.e., place a child for adoption or with a legal guardian or permanent custodian) may be made concurrently with reasonable efforts to reunify a child with his family. Reasonable efforts shall also be made to obtain permanency for a child who has been in an out-of-home placement for more than twelve (12) months, or for fifteen (15) of the previous twenty-two (22) months.

Reasonable efforts to reunite a child with his parent(s) shall not be required in all cases. The court shall conduct and complete a hearing on a "no reunification services" request within fifty (50) days of the date of written notice to the defendants. However, upon good cause shown, the hearing may be continued for an additional twenty (20) days, and the court shall enter an order determining whether or not reunification services shall be provided. Reunification shall not be required if a court of competent jurisdiction, including the Juvenile Division of Circuit Court, has determined that the parent has:

- (1) Subjected the child to aggravated circumstances; (See Glossary for the definition of aggravated circumstances.)
- (2) Committed murder (which would have been an offense under section 1111(a) of Title 18, USC, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of any child;
- (3) Committed voluntary manslaughter (which would have been an offense under section 1112(a) of Title 18, USC, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of any child;
- (4) Aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter;
- (5) Committed a felony, battery, or assault that results in serious bodily injury to any child; or
- (6) Had the parental rights involuntarily terminated as to a sibling of the child; or
- (7) Abandoned an infant (not the same as "Voluntary Delivery of an Infant", see Procedure VIII- E2).

If reasonable efforts to reunify are determined by a court to be unnecessary, a permanency hearing must be held within 30 days after the court's determination. If the court determines no reunification services will be provided due to aggravating circumstances or upon recommendation from the Division or Attorney Ad Litem at adjudication, the Family Service Worker will have case management responsibility until the child is placed in an adoptive home.

If the court recommends that reunification services should not be provided to reunite a child with his family, DHS, the Attorney Ad Litem or the court shall provide written notice to the defendants. When DHS is the agency requesting that no reunification services be provided, it will send the written notice to the defendants in coordination with OCC. The notice shall be provided to the parties at least fourteen (14) calendar days before the no-reunification hearing, and the notice shall identify in sufficient detail to put the family on notice, the grounds for recommending "no reunification services".

The burden of presenting the case shall be on the requesting party. The court shall conduct and complete a hearing on a "no reunification services" request within fifty (50) days of the date of written notice to the defendants. However, upon good cause shown, the hearing may be continued for an additional twenty (20) days.

PROCEDURE (VI-A1): Out-of-Home Placement Criteria

The Family Service Worker will:

- Consider placement with appropriate relatives in a Kinship Foster Home. (See Policy VII-A.)
- Utilize court-ordered relative information obtained from the parent to locate and contact potential relative resources.
- If the relative meets all relevant child protection standards, and it is in the child's best interest to be placed with the relative caregiver, discuss with the relative the following two (2) options for placement of the child in the relative's home:
 - (1) The relative becoming a DHS relative foster home; or
 - (2) The relative obtaining legal custody of the child. (See Policy VI-J {Out-of-Home Non-DHS Custody/Relative Placements}.)
- Complete the CFS-452 (Relative Placement Kinship Care/Relative Foster Care Verification) stating that the family does/does not want to become a relative foster home.
- Select the Out-of-Home Placement that best fits the needs of the child. A child who has been identified as an EXEMPTED FROM FINDING UNDER AGE JUVENILE AGGRESSOR OR SEXUAL OFFENDER must not be placed in a foster home with other children, unless the child's therapist feels that the child is no longer a danger to other children. Proper documentation of this will be contained in the child's hard copy file. If the recommended placement is a facility, the facility must receive information regarding the allegations. This must be documented in the Recommend Placement screen.
- Document placement selection on the "Case Plan" (CFS-6010) by keying the "Plan Goals" and the "Needs/Svc" screens in the "Treatment" portion of the "Case Plan" section of CHRIS.
- Arrange at least one (1) pre-placement visit for the child before the initial placement and before any subsequent changes in placement if possible and appropriate. Contact the OCC Attorney immediately if child is being moved from one Out-of-Home Placement to another. See Procedure VII-D1.
- Contact the OCC Attorney immediately if there is any indication that the child is a member of an Indian tribe.
- Provide the child's parent(s) with a copy of PUB-11 (Your Child and Foster Care).

PROCEDURE (VI-A2): Concurrent Planning

The Division will ensure timely permanency for children entering Out-of-Home Placement. Concurrent planning includes working towards the goal of returning the child to the parents while concurrently working on alternative permanent placements. Concurrent planning will be done for all out-of-home placement cases except for those cases where the court determines no reasonable efforts to provide reunification services. The level and degree of concurrent planning will be on a case by case basis. The DCFS worker will immediately develop and implement a realistic concurrent plan.

The concurrent planning process will include:

1. The Family Service Worker informing the family of the concurrent planning process. The Family Service Worker must emphasize the importance of family involvement and partnerships in establishing permanency for children in out-of-home placements.
2. The Family Service Worker requesting parental input in identifying relatives and significant others who may be appropriate caregivers and initiate contact and Home Studies. The family will be required by court order to provide information identifying other relatives. The Family Service Worker will use this information to locate and contact named relatives to assist in the child's placement (see Policy VI-A). Information on the putative father or any absent parent should be obtained and submitted on the CFS-408 (Federal Parent Locator System Information) to the local OCC Attorney. In considering placements, foster parents should be viewed as a resource.
3. Initiating the completion of the Life Story Book for all children in out-of-home care.
4. The Family Service Worker will complete the initial Case Plan (CFS 6010) within 30 days and document all concurrent planning activities in the appropriate section of the case plan. (See Procedure IV-A1). The CFS-6010 should document tasks that support reunification as well as permanency activities.
5. The Family Service Worker will complete the "Birth Family Background Information" (CFS-456) within 60 days of case opening.
6. At the second staffing (90 days) the Family Service Worker will invite the Adoption Specialist if the court determines reunification services are not required, or the Division is recommending termination of parental rights. The CFS-6010 developed from this staffing should assign tasks and responsibilities to the Family Service Worker and Adoption Specialist.
7. The Adoption Specialist will be invited and participate in the sixth (6th) month, ninth (9th) month and eleventh (11th) month staffing if it appears likely that the child will not return home or if the goal for the child is adoption. The CFS-6010 will assign tasks and responsibilities to the Family Service Worker and Adoption Specialist.

PROCEDURE (VI-A3): Placement of Infants Born to Incarcerated Mothers

The Division of Children and Family Services will accept referrals from the Arkansas Department of Correction (ADC) social worker seeking to find appropriate placements for infants born to incarcerated mothers. If the infant has a legal father, DCFS will not take any action unless the legal father refuses to assume responsibility for the child. The ADC social worker will refer the case to DCFS if the female inmate is unable to identify anyone who meets specific ADC guidelines for the assumption of care for the infant.

After referral by the ADC social worker, the **DCFS Family Service Worker** will:

- Visit with the mother and discuss possible placements for the child. Options include placement with a family member, a non-family member, or custody placed with DHS.

POLICY (VI-K) EDUCATIONAL SERVICES FOR CHILDREN IN OUT-OF-HOME PLACEMENT

It is the responsibility of DCFS to assure that foster children are afforded educational opportunities to help each foster child meet his/her full potential. The Division shall make every attempt to maintain the enrollment of a foster child in the school he was attending prior to placement into foster care. The Division shall coordinate transportation issues with the local school district. To ensure that children in the custody of the Department receive a quality education, it is the Division's policy to enroll foster children only in schools accredited by the Arkansas Department of Education. This requirement also applies to children placed in residential facilities. The local county office should be aware of educational resources in the community and across the state so that they can access these resources for foster children.

If a foster child is currently enrolled in a sub-standard school as defined by, and in accordance with the federal No Child Left Behind legislation, the child's case can be staffed to assess the child's progress at that school. If the child is progressing at the current school he can remain at that school, or the child can transfer to another school if it is in the child's best interest to do so. The Department of Education shall notify DCFS if a school has been designated as sub-standard.

Due to the special education needs of many children who enter foster care it is necessary to assess and identify educational needs early in the casework process. A comprehensive health assessment must be completed on each foster child within 60 calendar days of removal from home. (See Policy VI-D Comprehensive Health Assessment and Health Plan for Children Receiving Out of Home Placement Services) The comprehensive health assessment includes assessments of cognitive/achievement, speech/language development, hearing, vision, medical, emotional and behavioral development which can be used by the child's school to provide services. The University of Arkansas for Medical Sciences Project for Adolescent and Child Evaluation (UAMS PACE) Program is responsible for conducting the comprehensive health assessments and will make recommendations concerning the child's educational needs and referrals for Special Education Services.

Home Schooling is not allowed for foster children. However, the DCFS Director may grant an educational waiver allowing a child to be home schooled if a certified mental health professional presents documentation stating that home schooling is in the child's best interests.

A foster child may be assessed for Home Bound Instruction as part of their Individual Education Plan (IEP). Home Schooling and Home Bound Instruction are two different programs. Home Bound Instruction is a planned, time limited program that must be approved and provided by the child's school.

The Free Appropriate Public Education Act (FAPE) states that the State of Arkansas shall ensure that all children with disabilities aged 3 to 21 residing in the State have the right to and availability of a free appropriate education including children with disabilities who have been suspended or expelled from school. FAPE also requires that the services provided to a child with disabilities under this part must address all of the child's identified special education and related services needs. The services and placement needed by each child with a disability to receive FAPE must be based on the child's unique needs and not on the child's disability. Each public education agency shall implement child-find requirements to identify, locate, and evaluate all children with disabilities.

Each public education agency shall ensure that the rights of a child are protected if no parent can be identified; the public agency, after reasonable efforts, cannot discover the whereabouts of a parent; or the child is a ward of the state of Arkansas under the laws of this state. The duty of the public education agency includes the assignment of an individual to act as a surrogate for the parents. This must include a method for determining whether a child needs a surrogate parent, and for assigning a surrogate parent to the child. If the goal for a foster child is reunification, the child's parent should attend all scheduled school conferences and evaluations, and no surrogate parent is necessary. If DCFS is unable to locate the child's parent, the parent(s) are not involved in the case, or the parent's rights have been terminated, the Division shall request that the child's foster parent be assigned as the surrogate parent. If the foster parent has not received surrogate parent training, the LEA Special Education Supervisor can assist in coordinating the surrogate parent training for the foster parent.

Transition planning is a required component of the IEP for children age 16 and above.

PROCEDURE (VI-K1) Educational Services

The Family Service Worker will:

*If the child is maintained in the **same school** after entry into foster care :*

- Complete the CFS-362 (Medi-Alert) immediately when a child is removed and placed out of the home of the parent or legal guardian into foster care or adoptive home or moved to another foster care provider. Section IX of the Medi-Alert addresses the child's Academic Status and must be completed upon the child entering care or changing a placement. Complete Section IX in consultation with the child's parent upon initial placement. Update Section IX of the CFS-362 as information becomes available if the parent does not provide needed information at the time of placement.
- Accompany the child to school and notify the school counselor of the child's placement into foster care. Give the counselor authorization of who can pick the child up from school. Present the school counselor with the child's court order if you have it. If you do not have it when accompanying the child to school, present it to the school once it is received.
- Obtain the child's school records from the school counselor for documentation in the child's case record. The child's school records will also be used to help address the child's educational needs in the case plan. Provide the University of Arkansas for Medical Sciences Project for Adolescent and Child Evaluation (UAMS PACE) Program copies of any school records available to assist in the Comprehensive Health Assessment.
- Ensure that the foster parents are given the names of the child's teacher and counselor. Ensure that the foster parents are involved in the child's education process. The foster parents must attend all scheduled parent/teacher conferences and school open house. The foster parent will encourage foster children in their home to participate in school extracurricular activity and provide transportation to those activities.
- Complete and update, as needed, the Medical Passport information related to the child's educational needs.

*If the child is enrolled in a **new school** after entry into foster care :*

- Complete each step outlined in the above section.
- Enroll the child in school and provide the school with copies of any documents that would assist in the child's educational plan. Provide UAMS PACE Program with any school records that are available.
- Notify the child's old school of the child's transfer to a new school and request copies of the child's school records. Involve the child's current school in the transfer process if this is a planned move for the child.
- When conducting a request of change of placement staffing (see Procedure VII-DI Changes in Out-Of-Home Placement) discuss the impact of the child transferring to a new school if there is a change in placement.
- Notify the parents that a change in schools was necessary if their parental rights have not been terminated.

PROCEDURE VI-K2: Special Education Needs Service Delivery Process:

Service Delivery Process

- The FSW will enroll the child in school and provide the school with copies of any documents that would assist in the child's educational plan. Provide UAMS PACE Program with any school records that are available.
- The DCFS Health Services Specialist will refer the foster child to UAMS PACE Program for a Comprehensive Health Assessment (CHA) within 3 working days of the child entering care.
- The FSW will notify the Health Specialist of all placement changes. The Health Services Specialist will forward all notifications to UAMS PACE Program.
- UAMS PACE Program will obtain a copy of the child's school records via a DHS-81 (Consent for Release of Information) and DHS-4000 Authorization to Disclose Health Information, if the records have not been received from the Family Service Worker. The child's parent and FSW must sign the DHS-81 and DHS-4000. The FSW will also send the court order to UAMS PACE Program indicating that the child is in DHS custody.
- UAMS PACE Program will forward the results of the Comprehensive Health Assessment (CHA) to identified DCFS staff. UAMS PACE Program will key recommendations from the CHA into CHRIS for DCFS staff access.
- The FSW/Health Specialist will present recommendations for referrals for special education consideration to the school building principal and or Local Education Agency (LEA) Special Education Supervisor or Designee.
- The FSW will provide the school with the name and address of the child's biological parent(s), if available, so that the school can send notice of the conference to the parent. If not appropriate, DCFS will request the school to appoint a surrogate parent for the child.
- If DCFS is unable to locate the child's parent, the parent(s) are not involved in the case, or the parent's rights have been terminated, the FSW will request that the child's foster parent be appointed as the child's surrogate parent. The LEA Special Education Supervisor can assist in coordinating the surrogate parent training for the foster parent.
- A conference will be scheduled with the appropriate school personnel, the biological parent, and foster parents/ surrogate parent, to discuss the child's needs.
- The FSW will attend the referral conference.
- The foster parent will be actively involved in the child's educational process and must attend all scheduled conferences and meetings, upon notification by the school and or DCFS, for children placed in their home.

POLICY (VI- L): MENTAL HEALTH SERVICES FOR CHILDREN IN FOSTER CARE

The Division of Children and Family Services is dedicated to ensuring that all foster children receive a full range of health care services including mental health services (evaluation and treatment). School age children (5 to 18 years old) who need mental health services will be referred to a Community Mental Health Center (CMHC) within five days of entry into foster care. Children under five years of age will be referred for mental health services if the need is identified by a physician during the UAMS comprehensive health assessment or by the DCFS worker or foster parent.

Urgent (requiring immediate action) or emergent (appearing for the first time) mental health treatment needs identified by the Primary Care Physician (PCP) during the initial health screening (24-72 hours of entering foster care) shall be referred immediately by the DCFS worker to a CMHC.

Mental health problems can manifest themselves at any time during foster care. Therefore, DCFS workers will refer a foster child for mental health services at any time during the child's stay in foster care when they think it is appropriate, and immediately whenever a traumatic event takes place in the life of a foster child.

Continuity of care is extremely important. Consequently, if a child or any family members are already receiving mental health services when the child enters the foster care system, DCFS will continue mental health services clinically indicated by the current provider, unless there is a compelling reason to change providers. Other ways the DCFS worker can help promote continuity of care include encouraging cooperation and coordination between service providers. Additionally, the DCFS worker can encourage the PCP to act without delay. Finally, the DCFS worker will provide the CMHC with a copy of the court order whenever custody changes.

When possible, the DCFS worker will make every effort to expedite access to appropriate documents from previous treatment as this can be critical to successful authorization of services by the Division of Medical Services (DMS), as well as the quality and timeliness of services.

PROCEDURE (VI- L1): Referral for Mental Health Assessment

The Family Service Worker will:

- Refer foster children in need of mental health services, ages 5-18 years old, to a CMHC for routine mental health services within five (5) days of their entry into foster care. Need may be determined by a physician, mental health professional, FSW or the foster parent. The FSW should –
 - Contact the closest CMHC and follow their specific referral procedures;
 - Provide required referral documentation (See Procedure VI-M3).
- Refer children under 5 years old for mental health services when the need is identified by the physician during the UAMS comprehensive health assessment or by the DCFS worker or foster parent. Follow the CMHC's referral procedures and provide any necessary documentation.
- Refer foster children with urgent or emergent mental health needs identified by the Primary Care Physician during the initial health screening, immediately to a local CMHC. Follow the organization's referral procedures and provide any required documentation.

- Refer a foster child for mental health services immediately whenever a traumatic event occurs in the life of a foster child. Follow the referral procedures and provide any required documentation.
- Refer a foster child for mental health services anytime the FSW thinks appropriate. Follow the organization's referral procedures and provide any required documentation.
- Promote continuity of care by –
 - Continuing clinically indicated mental health services the foster child or family members were receiving prior to entering foster care.
 - Take timely action to ensure the continuity of the Primary Care Physician's referral.
 - DCFS will provide the CMHC a copy of the court order when custody changes.
- Whenever possible, expedite access to appropriate documents from previous treatment to reduce delay in the authorization of services by the Division of Medical Services.

PROCEDURE (VI- L2): Comprehensive Health Assessment by University Of Arkansas for Medical Sciences (UAMS)

The Family Service Worker will:

- Ensure that the foster child receives a comprehensive health assessment by UAMS within 60 days of the child's entry into foster care.
- Ensure that a hard copy of the Community Mental Health Center's mental health assessment is sent to UAMS with the child's medical records.
- Share the results of the comprehensive health assessment with the foster child's mental health professional.

PROCEDURE (VI- L3): Mental Health Assessment and Evaluation

The Family Service Worker will:

- Refer the foster child to the CMHC and document the referral in the Medical Services screen in CHRIS.
- Ensure the referral to the CMHC is accompanied by:
 - Authorization for treatment.
 - A copy of the current court order.
 - A copy of the medical history.
 - A copy of the case history information.

NOTE: If any of the above information is not available at the time of the initial referral, DCFS will forward those documents as soon as they become available. The CMHC needs this information for effective treatment and to obtain prior authorization from Medicaid.

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Assure adequate and appropriate participation in the assessment process by:

- Attending the first appointment with the child to sign consents and facilitate treatment and treatment planning.
- Ensuring that the adult(s) who have the most complete information about the child will accompany the child to the assessment/evaluation. This may mean the Family Service Worker, foster parent and/or parent(s), as appropriate.
- Ensure that the foster parent receives a copy of the child's mental health assessment.
- Establish a schedule regarding dates for evaluation and treatment sessions with the mental health provider.

DCFS understands the **Community Mental Health Center** will:

- Offer routine assessment or evaluation of the child within five (5) working days from receipt of the DCFS referral, receipt of authorization for treatment and a copy of the court order.
- If a complete psychiatric evaluation is needed, the CMHC has forty-five [45] working days to complete the evaluation.
- Immediately evaluate any client who presents as a **psychiatric crisis** or an **outpatient mental health emergency** (See Glossary for definitions) and offer triage/assessment by a Mental Health Professional to the level deemed appropriate.

NOTE: The CMHC will make a copy of the emergency assessment or evaluation available immediately through the Center's emergency services.

- Provide immediate verbal feedback regarding the child's mental health evaluation to the DCFS worker.
- Provide a copy of the child's written mental health assessment report to the DCFS worker as soon as possible, and in every case within five (5) business days.

NOTE: It is understood and agreed that prior authorization requests, diagnostic assessments, master treatment plans, progress notes and other documentation required by the Division of Medical Services may be utilized to impart information, in lieu of written reports to DCFS.

PROCEDURE (VI- L4): Outpatient Therapy and Treatment

If the assessment/evaluation indicates that mental health services are needed, the Family Service Worker can expect the **Community Mental Health Center** to:

- Offer counseling (individual, group and/or family) and/or other appropriate treatments suited to the individual child's needs.
- Treatment will be offered within **five working days** of the referral (or in emergency situations within twenty-four [24] hours).
- Assist DCFS in making appropriate referrals to other facilities if the CMHC does not have the specialized services required for the child.

If copies of the current court order and other information (e.g. case history), necessary for the CMHC to offer treatment services, are not initially available, the **DCFS Family Service Worker** will:

- Forward those documents to the CMHC as soon as they become available.

NOTE: The CMHC needs this information to provide effective treatment and to obtain prior authorization from Medicaid. The Medicaid prior authorization process may affect the deadlines mentioned above.

- Remain engaged in the counseling process and will determine with the Center's therapist at the beginning of counseling the degree and methods of the DCFS worker's engagement (e.g. phone conversations, written reports, conferences).
- Will determine, in coordination with the CMHC therapist, which adults, if any, need to accompany the child to treatment and/or be involved in the child's treatment.
- Will assure adequate and appropriate participation in the treatment process.
- Will, along with the foster parent, attend each appointment scheduled with the psychiatrist, if possible.
- Review and sign all master treatment plans and updates.
- Document the child's mental health services in the Medical Services screen in CHRIS.

PROCEDURE (VI- L5): Inpatient and Other Residential Treatment Programs

- **DCFS understands the Community Mental Health Center will:**
 - Immediately evaluate any client who presents as a psychiatric crisis or an outpatient emergency (see Glossary for definitions) and offer triage/assessment by a mental health professional to the level deemed appropriate.
 - Assist DCFS in making appropriate referrals to other facilities if the CMHC does not have the specialized services required for the child.
 - Assist in securing appropriate mental health services within its catchment area.
 - Assign a mental health clinician to coordinate mental health treatment for the child, including but not limited to coordination with other agencies, convening staffings, or assisting with the location of 24-hour mental health placement.
 - Work with DCFS to ensure that mental health services compliment case planning, management, and the Multi-Agency Plan of Services (MAPS) Plan. MAPS is a process in which the parent/caregiver and child meet with a multi-agency service team for individualized service planning. The child is assigned a MAPS case manager.
 - Share information about past treatment and coordinate treatment services/discharge plans with inpatient/residential provider, providing the appropriate consent forms have been signed.
 - **NOTE: DCFS retains ultimate case planning and management responsibility for placement and permanency issues.**

Every DCFS service area has a Placement Coordinator designated by the Area Manager. The Placement Coordinators will:

- Be familiar with all mental health placement resources available within Arkansas and become aware of new placement resources as they develop.
- Know what documentation is required in placement packets submitted to providers with whom placement is considered.
- Understand the Child Case Review Committee (CCRC) process and be able to articulate that information to the courts.
-

Attend court hearings to:

- Explain the current status of the case being addressed.
- Identify which placements have been pursued.
- Explain why specific placements have not been made.
- Respond to any questions regarding the CCRC process and/or the state law requirements that must be met before a child in DHS/DCFS custody may be sent out of state for treatment.
- Receive the placement packet from the Family Service Worker and use it to:
 - Check for completeness and coordinate with the Family Service Worker to acquire any missing information.
 - Ensure that a packet is complete before forwarding it to the Behavioral Treatment Unit (BTU). Incomplete packets will be returned immediately to the Placement Coordinator.
 - Review the child's needs and make recommendations for possible appropriate placements.
- Consult with the BTU Manager to determine which placement programs have slots and/or funds available.
- Act as a conduit for communication between the county staff and BTU.
- Keep a monthly log containing information about:
 - Which children were referred for placement.
 - The county staff member responsible for case management.
 - The current status of a case and pending actions.
 - The length of stay in a placement.
- Monitor the Medicaid Certificate of Need approval.
- Be involved in discharge planning, and assure discharge planning begins when the child is admitted.

The Family Service Worker will:

- Make a referral to the Community Mental Health Clinic's Clinical Director or his designee when a child needs **intensive mental health services** (including any 24-hour services).
- When a referral is made for Inpatient/Residential services the worker will assure adequate and appropriate participation in the Inpatient/Residential evaluation/intake process by:
 - Providing comprehensive and accurate information about the child during the assessment and admission phase to an inpatient or residential facility.
 - Attending the first appointment with the child to sign consents and facilitate treatment and treatment planning. Whenever possible, expedite access to appropriate documents from previous treatment to reduce delay in the authorization of services by the Division of Medical Services.
- If copies of the current court order and other information (e.g., case history) necessary for the CMHC to offer treatment services are not initially available, the **DCFS Family Service Worker** will:
 - Forward those documents to the inpatient/residential provider as soon as they become available.

NOTE: The CMHC needs this information to provide effective treatment and to obtain prior authorization from Medicaid. The Medicaid prior authorization process may affect the deadlines mentioned above.

- Ensure that the adults who have the most complete information about the child will accompany the child to the assessment/evaluation. This may mean the Family Service Worker, foster parent, and/or parents, as appropriate.
- Update the treatment team on changes of custody status and/or discharge plans and availability.
- Take timely action to ensure the continuity of the Primary Care Physician's referral.
- Once the child has been admitted to a residential facility, the Worker will collaborate with the facility in the development of the **Plan-of-Care** by:
 - Establishing a schedule regarding dates for treatment sessions with the inpatient/residential provider.
 - Remaining engaged in the treatment process and will determine with the therapist at the beginning of treatment the degree and methods of the DCFS worker's engagement (phone, conversation, written reports, conferences).
 - Assure discharge planning begins on admission and the FSW is involved in that planning.
 - Assure contact by FSW and other appropriate adults with the child.
- Will determine in coordination with the therapist, which adults, if any, need to accompany the child to treatment and/or be involved in the child's treatment, including family therapy sessions.
- Will, along with the foster parent, attend each appointment scheduled with a psychiatrist.
- Review and sign all master treatment plans and updates.
- Ensure that he/she receives a copy of the child's records including evaluations, treatment plans, updates and discharge plan.
- Coordinate **after care** plans post discharge from the inpatient or residential facility by:
 - Facilitating a timely discharge by identifying specific placement plans as early as possible to promote a positive transition from one level of care to another.
 - Coordinating with the CMHC or other contracted outpatient provider before, during and immediately following discharge from an inpatient or residential facility.
 - Participating in a CASSP staffing to complete a MAPS (Multi-Agency Plan of Service).
 - Obtaining an outpatient appointment immediately following discharge from an inpatient facility.
 - Obtaining a PCP referral to an outpatient provider if needed.
 - Making sure of compliance with all scheduled outpatient appointments.

NOTE: If other DHS agencies and/or their contracted providers are involved in the case, full coordination extends to them as well.

PROCEDURE (VI- L6): Responsible and Appropriate Adult Participation

The Family Service Worker will:

- Assure the adequate and appropriate participation in the assessment and treatment process by the adult(s) who knows the child best (e.g., family member(s) [unless reunification is not the plan or their involvement is contraindicated], the child's DCFS worker and/or foster parent(s)].

- Make all reasonable efforts to enable the child's parent(s) to comply with the court's orders and the approved case plan.
- Appropriately document if and when the mental health professional recommends a cessation of parental involvement in the child's assessment and/or treatment and share the recommendation with the court for final disposition.

NOTE: The main goal of foster care is to achieve a permanent plan for the child. However, in some cases, parental involvement in the child's treatment can be counter-therapeutic and not in the child's best interest.

The professional mental health provider will determine if it is appropriate for the family to participate in the child's treatment. This will protect the child from victimization by family members who are unable or unwilling to take an appropriate role in the child's treatment.

Whenever necessary or appropriate, the court of jurisdiction should be advised of the mental health professional's recommendations so it can enforce parental compliance.

PROCEDURE (VI- L7): Treatment Planning

The Family Service Worker will:

- Make a referral to the Community Mental Health Clinic's Clinical Director or his designee when a child needs **mental health services** (including any 24-hour services).
- Ensure the referral includes all the information necessary for **treatment planning** (e.g., authorization for treatment, current court order, case history and information about previous treatment) if the CMHC does not already have the information or if there is a change in mental health providers.
- Forward copies of all critical information that was not available at the time of the initial referral as it becomes available.
- Keep the mental health professional apprised of any changes in the child's case or placement.
- Coordinate all casework being done in the case with the mental health provider through phone calls, correspondence, email, meetings, joint staffing or case conferences, as discussed and agreed to with the mental health provider.
- Consult the mental health provider regarding permanency-planning decisions primarily to protect the child while engaging the family in a clinically appropriate manner.
- Invite the mental health professional serving the child to attend or otherwise participate in DCFS staffings.
- Provide a copy of the court order to the CMHC once the foster child has been discharged from DHS custody.

NOTE: If other DHS agencies and/or their contracted providers are involved in the case, full coordination extends to them as well. Keep the child's school advised about the mental health treatment being received, as well as informed about the child's needs and progress. This coordination will help ensure the effectiveness of the treatment.

- Invite school personnel to attend staffings, case conferences, and family centered meetings, as appropriate.

- Document in the child's case plan if the child is receiving school-based mental health treatment. Also document details about any responsibilities the mental health provider has regarding coordination of services.

DCFS can expect the **Community Mental Health Center** to:

- Assign a mental health professional to coordinate mental health treatment for the child including but not limited to coordination with other agencies, convening staffings, or assisting with the location of 24-hour mental health placement, when needed.
- Work with DCFS to ensure that mental health services complement case planning and management.

NOTE: DCFS retains ultimate case planning and management responsibility for placement and permanency issues.

- Make coordination services available after regular work hours.
- Make the recommendation for the most appropriate disposition with regard to medical necessity.
- Assist in securing appropriate mental health services within its catchment area.
- Coordinate the mental health services being delivered by the mental health provider with the DCFS worker through phone calls, correspondence, email, meeting, joint staffing or case conferences as previously discussed and agreed to.

In accordance with Arkansas Code § 9-27-358 Placement – Staffing and planning (a)(1), the **DCFS Family Service Worker** will:

- Arrange a staff meeting within forty-eight (48) hours to discuss what services or assistance is needed to stabilize the foster placement when foster parents have requested that a foster child be removed from their home.
- Request that the licensed mental health professional from the CMHC or private mental health provider who is treating the child attend or otherwise participate in the required staffing to discuss removal of the foster child and options to supporting the placement.

PROCEDURE (VI- L8): Promote Continuity of Care

If a child is receiving mental health services upon entry into the foster care system, the **Family Service Worker** will:

- Continue clinically indicated mental health services with the provider who is already delivering those services, unless there is a compelling reason to change providers

If the current mental health provider must be changed (e.g., child placement in another part of the state) the FSW will request that the **old and new mental health providers** will:

- Share information about past treatment.
- Coordinate treatment services provided the appropriate consent forms have been signed and are in place.

PROCEDURE (VI- L9): Participation in the Child and Adolescence Service System Program (CASSP) at the Local, Regional and State Levels

When a child requires **intensive mental health services and inter-agency involvement on service plans**, the **DCFS Family Service Worker** will:

- Refer the child to the CASSP Service Team (after the initial mental health assessment is completed), in coordination with the CMHC therapist.

If the referral is appropriate, according to CASSP guidelines, the **CASSP Service Team** will:

- Develop and oversee the individual service plan.
- Define and develop an interagency individualized service plan to serve the child and family.

NOTE: The plan will reflect integrated service delivery and will specify services or programs with the funding to be provided by each agency.

NOTE: DCFS retains ultimate case planning and management responsibility for placement and permanency issues.

- Follow the Procedure VI-L12 (Resolution of Issues Encountered) if attempts to resolve disagreements locally are unsuccessful.
- Refer disagreements about case management for an individual child to the Regional CASSP Service Team to be addressed at its next regularly scheduled meeting.

NOTE: Identified systems issues such as gaps in services and services needed with no identified funding source will be addressed by the Regional CASSP Planning Team with regional recommendations forwarded to the State CASSP Coordinating Council.

PROCEDURE (VI- L10): Communication

If any party needs to cancel an appointment, that cancellation will be done at least twenty-four (24) hours in advance, except in genuine emergency situations such as illness.

PROCEDURE (VI- L11): Implementation of Agreements Monitoring

NOTE: DCFS has agreements (informal) and/or contracts (legally binding agreements) with most community mental health centers and with other mental health providers. The DCFS Area Manager is responsible for working with the Community Mental Health Center (CMHC) Directors to establish an oversight process and create a DCFS/CMHC Oversight Team. The Area-wide DCFS/CMHC Oversight Team will work closely with the CASSP Regional Team and community stakeholders to ensure the quality and effectiveness of the mental health services provided.

The **Division of Children and Family Services** will:

- Comply with all joint agreements/contracts with mental health service providers.
- Hold an initial joint meeting in each catchment area to:
 - Review the agreements,
 -

Assess implementation of the agreements to date.

- Identify barriers to implementation of the plan.
- Develop a plan to address the identified barriers.
- Hold a biannual joint meeting (following the initial joint meeting) in each catchment area to review the four topics listed above and any other pertinent issues.

PROCEDURE (VI- L12): Resolution of Issues Encountered during Implementation of Agreements

If CMHC staff believes that DCFS staff is not following the terms of the provider agreement, they will:

- Attempt to resolve the issue with the appropriate DCFS County Supervisor.
- Contact the appropriate Area Manager if the issue can not be resolved at the county level.

If DCFS staff believes that CMHC staff is not following the terms of the provider agreement, they will:

- Attempt to resolve the issue with the Children's Services Director or other designated staff at the CMHC.
- Contact the CMHC Director if the issue cannot be resolved at the lower level.

If an issue cannot be resolved through the above processes, the parties will contact the following senior staff to resolve the issue.

- The DCFS Assistant Director of Community Services.
- The Division of Mental Health Assistant Director for Children's Services.

NOTE: The Community Mental Health Centers and DCFS agree that neither shall have nor exercise any control or direction over the methods by which the other's employees perform their clinical functions and that no relationship of employer and employee or of joint venture between the parties is created by this agreement.

POLICY (VI- M): CHILD CASE REVIEW COMMITTEE (CCRC) – GUIDELINES FOR REFERRAL AND REVIEW

The CCRC ensures appropriate response to the service needs of multi-challenged children and their families. The committee also serves as the gatekeeper for out-of-state placements for children in DHS custody.

The CCRC deals mainly with the following types of cases:

- Children in DHS custody who have significant trouble being placed due to multiple, more serious and/or complex needs.
- Cases where out-of-state treatment is recommended.
- There are no available Arkansas resources that can meet the child's identified needs.
- All available in-state resources have been used, but have not been measurably effective.
- Coordination between DHS divisions has not resolved which division will be responsible for the specific case.

The CCRC is comprised of the following members:

- Director of the Department of Human Services (Chairman);
- The Directors of the following DHS Divisions – Children and Family Services, Youth Services, Medical Services, Developmental Disabilities Services, Behavioral Health Services, and Office of Chief Counsel;
- A representative of the Department of Education;
- CCRC Coordinator (Manager, Behavioral Treatment Unit), whose responsibilities include:
 - Coordinating the CCRC meetings;
 - Managing contracts; and
 - Providing technical assistance.

NOTE: The CCRC Coordinator does NOT do case management or find placements for children.

- Additional committee members may include:
 - Division representatives who act as referral coordinators within their agencies;
 - The designated caseworker for the child and family;
 - Appropriate service providers;
 - Others needed to develop a suitable plan of service to meet the child's needs.

PROCEDURE (VI- M1): The Child Case Review Committee (CCRC) Referral Process

When any local Divisional staff member becomes aware of a child who meets the criteria for referral to the CCRC, he should contact both the County Supervisor and the designated Placement Specialist for the Area.

The Placement Specialist will discuss the child's needs with the caseworker and the County Supervisor to verify it is an appropriate referral for the CCRC.

NOTE: Children from counties with active "Together We Can" and/or CASSP teams should be referred to the appropriate team before the child is considered for referral to the CCRC. The County Administrator should facilitate referrals to "Together We Can".

A referral packet to CCRC should be submitted to the CCRC Coordinator (Manager, Behavioral Treatment Unit) and shall contain the following information:

- Presenting problem;
- Chronological summary of placements [include reasons for moves and a narrative description of the circumstances and behaviors that led to each move];
- Summary of referrals, rejections and reasons for rejection;
- Social history:
 - Family
 - Child development
 - Services
- Outline the steps taken to locate an appropriate placement;
- Psychological history (include mental health services, testing results and copies of all evaluations);
- Educational information [include the Individual Educational Plan (IEP) in compliance with PL-49-142 or an explanation why the IEP has been omitted];
- Medical history;
- Permanency plan.

If the referral to the CCRC is determined to be **inappropriate**, the CCRC Coordinator will give the county office specific guidance on how to handle the case.

If the referral is determined to be **appropriate** for the CCRC, the CCRC Coordinator will:

- Place the case on the agenda for the next scheduled CCRC meeting (unless an emergency is indicated in the referral material).
- Advise the Division's contact person which people need to attend or be available by conference call for the CCRC meeting.

The referring county shall send key staff knowledgeable about all aspects of the case to the CCRC meeting to review details of the case.

When a referral is appropriate for the DHS Child Case Review Committee (CCRC) process, the Family Service Worker will:

- Contact BTU **only** through the Placement Coordinator, except in cases of extreme urgency or when the Placement Coordinator is unavailable.
- Collect information for the placement packet.
- Create the packet consisting of the following items:
 - Cover memo which includes:
 - Family Service Worker's name and title, phone and fax numbers, and supervisor's name;
 - Child's name, age, legal status and current location;
 - Concise paragraph detailing the reasons for referring the child for placement and when the placement is needed;
 - Child's last/current placement and an explanation for the removal;
 - Placement history (give dates) and reason for discharge;
 - Clinical recommendation for placement from the last discharge and previous providers if applicable;
 - A copy of the MAPS from the CASSP staffing;
 - Letters of referral and/or denial;
 - Intelligence quotient (I.Q.) – Full Scale;
 - Psychological testing results (most recent – 1 year old or less);
 - Educational information;
 - Date and reasons the child entered foster care;
 - Case plan and goals.

PROCEDURE (VI- M2): The CCRC Case Review Meeting

The CCRC is scheduled to meet on the first (1st) and third (3rd) Tuesdays of each month from 9:00 a.m. to 10:30 a.m. in the DHS-DCFS Central Office Complex, Donaghey Plaza South, 7th and Main, Little Rock, Arkansas
CCRC members will be notified on the Friday before a scheduled meeting.

The following always applies:

- Each committee member is expected to attend the meeting or send a designee with the authority to make decisions for their Division;
- The CCRC Coordinator will ensure that Divisions are made aware when they have a case on the agenda.
- Decisions will be made by majority vote with the Chairman breaking any tie votes.
- Dates will be established for the CCRC to be updated on the status of the plan implementation.
- Committee members and other participants will respect the confidentiality rights of each individual client.

PROCEDURE (VI-M3): Medicaid and Financial Issues

If a child in DHS custody is placed in an out-of-state placement without proper documentation, as required by ACA §20-46-106 (See below), or CCRC authorization:

- Medicaid will not approve a Certificate of Need (CON).
- Authorization to pay the provider/facility for services will not be given.

ACA §20-46-106 Documentation Requirements for Out-of-State Placements:

- Before an emotionally disturbed child/youth is placed in an out-of-state treatment facility, the Office of Chief Counsel will make and document the following determinations, which will be reviewed with the CCRC Coordinator (Manager, Behavioral Treatment Unit).
 - Whether the emotionally disturbed child/youth has been appropriately and accurately diagnosed;
 - Whether an appropriate treatment facility exists within Arkansas;
 - Whether there is an appropriate treatment facility in a border state;
 - Whether the treatment facility being considered has the most appropriate program;
 - Whether the program requires payment of board, and if so, what is the amount;
 - Whether the total cost for treatment in the out-of-state facility exceeds the cost of treatment in Arkansas;
 - Where youth at the facility attend school, and whether the school is accredited;
 - What type of professional staff is available at the facility;
 - What mechanisms are in place to address problems that are not within the purview of the program;
 - What other considerations exist, in addition to the youth's emotional problems, such as other medical conditions, travel expenses, wishes of the youth, best interests of the youth, effect of out-of-state placement on the youth, and proximity to the youth's family.
 - What alternatives exist to out-of-state placement, and the benefits and detriments of each alternative?

NOTE: The information collected by the above determinations shall be included in the child's/ youth's case file. The information shall be reviewed and considered by the juvenile judge.

PROCEDURE (VI- M4): Follow-up to CCRC Recommendations

The Placement Specialist or Caseworker will:

- Work with the CASSP Team to develop a plan to implement the CCRC recommendations; this will be a revision of the CASSP Plan.
- Work to implement the CASSP Plan/CCRC recommendations.
- Report to the CCRC Coordinator:
 - Progress on implementing the CASSP Plan/CCRC recommendations.
 - Problems and barriers encountered in trying to implement the CASSP Plan/CCRC recommendations.

If the CASSP Plan must be modified, the caseworker assigned to the case will contact the CCRC Coordinator to schedule the child's case for an update at the next scheduled CCRC meeting.

The CCRC Coordinator will ensure that Divisions are made aware when they have a case update on the agenda.

VII. SERVICES TO SUPPORT FOSTER PARENTS

POLICY (VII-A): FOSTER PARENT RECRUITMENT, TRAINING, APPROVAL, RE-EVALUATION AND RETENTION

Foster care is a team effort involving DCFS, the family foster parents, the foster child, and the custodial/non-custodial parents. When all those directly involved in the situation understand their own and each others' roles and cooperate as team members in a team effort, the quality of the experience for all is increased, and the effect on the child's future well-being is greatly influenced. (See "Family Foster Parent Handbook" (PUB-30) for responsibilities of the Foster Care Team.)

For the purpose of Title IV-E eligibility, a foster family home means the home of an individual or family licensed or approved as meeting the standards established by the Child Welfare Agency Review Board that provides 24-hour out-of-home care for children. (With respect to foster family homes on or near Indian reservations, approval would rest with the tribal licensing or approval authority(ies). The term includes group homes, agency-operated boarding homes or other facilities licensed or approved for the purpose of providing foster care. Foster family homes that are approved must be held to the same standards as foster family homes that are licensed. Anything less than full licensure or approval is insufficient for meeting Title IV-E eligibility requirements.

In addition, the Child Welfare Agency Licensing Act defines a foster home as a private residence of one (1) or more family members that receives from a child welfare agency any minor child who is unattended by a parent or guardian in order to provide care, training, education, custody or supervision on a twenty-four (24) hour basis, not to include adoptive homes. The home must meet family foster home standards and the individual child's needs for the duration of the placement.

There are three types of DCFS foster homes referenced in the CHRIS System. Foster Family Home (Non Relative), Relative Foster Home (Kinship Only), and Relative Foster Home (Fostering and Kinship). There will be no distinction in approval requirements between kinship foster homes and all other approved foster homes in Arkansas.

Kinship foster homes are homes in which adult relatives within the first, second, or third degree of consanguinity to the parent or stepparent are recruited by the Family Service Worker to provide 24 hours per day care for children who are related through blood or marriage. These homes must meet all of the minimum licensing requirements for a family foster home. Relatives who are approved for placement of children in their home may choose to be a kinship foster home or a regular foster home. Kinship foster homes will be approved only for placement of relative children. If the relatives choose to be a regular foster home, they will have the responsibility of caring for relative and non-relative foster children.

Once permanency is achieved for the relative children placed in a kinship family foster home, relatives may choose to become a regular Family Foster Home if they remain in compliance with licensing standards. This will be a decision made by both the relatives and DCFS based on the best interest of the relative children.

The Division shall recruit a sufficient number of foster parents to ensure that all children are placed in the least restrictive, most family like setting that meets the child's individual needs. The Division shall diligently recruit potential foster families that reflect the ethnic and racial diversity of children in DHS custody for whom a foster home is needed. Recruitment of new foster families is an on-going activity for which Area and County staff are mainly responsible. Recruitment can be achieved by several means including participation from current foster parents, development of local and statewide media campaigns and through the use of contact with community organizations. The Division will employ the use of the Family Foster Home Needs Assessment to assist with specific county recruitment efforts. The Family Foster Home Needs Assessment will also be utilized in the development of the Foster Home Recruitment Plan. Targeted recruitment of specialized foster parents shall address the special needs of children needing placement.

The Division shall place children in approved foster homes where the foster parents have satisfactorily completed the Division's pre-service training curriculum, have been cleared through the Central Registry and through a local and state criminal records background check.

A FBI criminal records check shall be conducted on persons who have not resided in Arkansas continuously for the past five (5) years. The Division will provide documentation in the case record that the criminal record check was conducted on the prospective foster parent. DCFS will check the driving record (violation points) for each potential foster parent. The Arkansas State Vehicle Safety Program sets the maximum number of traffic violation points a foster parent may be allowed. The completion and approval for all foster home re-evaluations must be documented in CHRIS. The approval process shall concurrently educate foster parents on the characteristics of children in out-of-home placement and assess their capability to meet those needs and their compliance with the DCFS standards for approval of foster homes. The Division will not approve a foster home where any adult member living in the home is homosexual. An Individualized Training Plan for in-service training shall be developed for each foster parent. The plan shall take into consideration the age and characteristics of children for whom the foster parent is caring and the expressed preferences of the foster parent.

DCFS shall re-evaluate each foster home's ability to care for children at least annually and whenever there is a major life change in the lives of foster families. Foster parents who do not meet the in-service training requirement will be placed on probation for sixty (60) days. No new children receiving out-of-home placement services may be placed during the probation period. Foster parents shall complete their annual in-service training requirements before they receive any additional children receiving out-of-home placement services unless an exception is granted. The completion and approval of all foster home re-evaluations must be documented in CHRIS. If a foster family re-evaluation is not completed and documented annually in CHRIS, any IV-E eligible child placed in the home will lose his IV-E eligibility until the re-evaluation of the family is completed and documented.

DCFS employees are not permitted to be agency approved foster family homes. However, in situations where Division staff are relatives to children placed in DHS custody, and it is in the best interest of the child to be placed with the relative, the DCFS Director may grant approval on a case-by-case basis.

DCFS will retain good foster homes by ensuring good communication with and support to those homes.

PROCEDURE (VII-A1): Foster Parent Recruitment

The purpose of foster parent recruitment is to increase the number of qualified, trained family foster parents in Arkansas through the recruitment process. Each Area will develop Recruiters to assist in the recruitment process, and Foster Home Evaluators to conduct the In-Home Consultation Visit and ensure that the family completes the approval process. These evaluators will be contracted or designated staff. Each Area will develop an annual recruitment plan to be initiated at the beginning of each fiscal year. The Family Foster Home Needs Assessment (CFS-445) will be utilized in the development of the recruitment plan. The CFS-445 will be conducted at least annually. The plan will outline ongoing recruitment efforts for the Area.

Some examples of recruitment are:

- Involvement of present foster parents. Foster parents can be encouraged to make:
 - One-to-one contacts;
 - Speaking engagements;
 - Active coordination with professional people and minority groups to create public interest.
- Contact with community organizations, faith-based organizations, the media (newspaper, radio, and television), dissemination of fliers and brochures, and manning booths at county fairs and other such community activities.

- One county, several counties or an Area may conduct a community outreach recruitment meeting to share information with the community on the requirements to become a foster family. Community orientation sessions are encouraged and can be used as a tool to promote foster family recruitment.
- Volunteer groups to create public awareness of county needs.

The Area Manager or designee will:

- Conduct an annual assessment of current foster homes and identify the need for additional foster homes by utilizing the CFS-445.
- Submit the CFS-445, referrals and inquiries to the Foster Home Evaluator.

INQUIRY

NOTE: The entire process from initiation of a foster parent inquiry to approval for training is processed through an automated tracking system in the Inquiry Screen. Only when the automated system (Internet/Intranet) is down will manual processing of information be necessary (i.e., use of the CFS-413 [Foster Care/Adoption Inquiry] or CFS-563 [Foster Parent/Adoptive Parent Recruitment Log]).

The DCFS County Supervisor will designate a staff person to accept all inquiry calls. It is imperative to acknowledge any inquiry that is made. When an inquiry is made, the staff person will give a brief explanation of the county foster care needs, correct any misinformation the caller may have and explain the Pre-Service training and assessment process. The designated staff person will log all inquiries on the DCFS Foster/Adoptive Home inquiry screen on DHS Gold, hovering over the "Program, Policy and Procedures Manuals" icon and selecting "Inquiry to Become a Foster/Adoptive Parent". The CFS-413 (Foster Care/Adoption Inquiry) can be used to log the inquiry if the inquiry screen on the Internet cannot be accessed.

Prospective foster parents can log on to the State of Arkansas/DCFS/Foster Families Internet website page and make an inquiry. Notification of Internet inquiries made by prospective foster parents will go directly to the Area Manager. The Area Manager will assign the inquiry to the designated Foster Care Resource staff person. The Area Manager must assign a designated staff person when they are out of the office to ensure timely responses to inquiries.

After either a telephone inquiry received by staff, or an Internet inquiry made by a prospective foster parent, the designated staff person must make contact with the family within three (3) working days of the inquiry. Initial contact will be via telephone, mail or visit on all referrals and inquiries received. The designated staff person will document contact on the DCFS Foster/Adopt Home Inquiry screen located on DHS Gold (hover on Program Policies and Procedures books). If the Internet is down, use the CFS-563 (Foster Parent/Adoptive Parent Recruitment Log) to document contact. Transfer information listed on the CFS-563 to the DCFS Foster/Adopt Home Inquiry screen when Internet use returns.

After initial contact is made, provide the family with an information packet. The information packet will consist of a letter identifying a contact person, a brochure titled "Foster Parenting A Little Goes a Long Way" and a copy of PUB-022 (Standards for Approval of Foster Family Homes). The initial contact letter is located on the Foster/Adoptive Home Inquiry screen. Copies of the brochure can be obtained from the DCFS Foster Care Unit. The information packet must be sent to the family within three (3) working days of the initial inquiry.

IN-HOME CONSULTATION VISIT

The Foster Home Evaluator will:

- Within ten (10) working days after initial contact, conduct an in-home consultation visit with the prospective foster parent for the following reasons:
 - Review and complete the In-Home Consultation Visit Report (CFS-446).
 - Discuss the standards for approval of foster parents as outlined in PUB-22.
 - Advise the prospective foster parent of his right to voluntarily withdraw his consideration to be a foster parent.
 - Inform the prospective foster parent of the possibility that he may not be approved to become a foster parent if he does not meet minimum qualifications.
 - Discuss training requirements including completion of CPR and First Aid Training and certification prior to approval; and inform the prospective foster parent of his responsibility to obtain the CPR and First Aid Training and certification prior to approval. Both heads of households must obtain certification. Advise the prospective foster parent that training and certification will only be accepted from a certified trainer associated with the American Heart Association, the National Safety Council or the American Red Cross. First Aid training provided through the National Safety Council must be the Standard First Aid, not Basic First Aid. All CPR classes must cover infant, child and adult methods. The prospective foster parent must obtain a certification card from the trainer representing the certifying national organization. In addition, advise the prospective foster parent that DCFS staff will coordinate the CPR and First Aid training with the national organization, instead of the prospective foster parent arranging their own training sessions. [Document information on the inquiry screen.](#)
- Distribute and review the Arkansas State Vehicle Safety Program (ASVSP) Foster Parents/Applicants with the family. Complete with the family the CFS-593 (Additional Requirements for DCFS Drivers), Form VSP-1 (Authorization to Operate State Vehicles and Private Vehicles on State Business) and Form VSP-2 (Authorization to Obtain Traffic Violation Record). Submit the signed forms along with a legible copy of the prospective foster family's driver licenses to the DCFS Office of Financial and Administrative Support Unit. The front and back of the driver's license must be copied. The county office must receive the results of the Arkansas State Vehicle Safety Program check before the family can be approved for training. [Document on the inquiry screen.](#)
- Per PUB-04 (Minimum Licensing Standards), foster parents shall allow foster children to be transported only by persons having a valid driver's license. Teenage drivers in the home will be subjected to the ASVSP and must be licensed if they will be allowed to transport foster children who are placed in the home. The result of the teenager's ASVSP report should not impact the decision to approve the home as long as the parent's ASVSP check is favorable. If the teenager's report is negative he will not be able to transport foster children.
- Unless the Foster Home Evaluator has already excluded the prospective foster parent applicant, distribute and complete with the family the CFS-316 (Request for CPS Central Registry Check), CFS-342A (Foster Care Criminal Record Check [requires a notary]), CFS-349b (Request for Local Criminal Record Check of Foster Parents), an FBI criminal record check, and CFS-450 (Family Foster Home Study Application), as appropriate. Obtain all appropriate signatures on each form. [Document on the inquiry screen.](#)
- The CFS-316 must be completed on each household member age ten (10) years and older. The Central Registry Check will be repeated every two (2) years. [The CFS-316 must be submitted for checks by the designated DCFS staff person and routed](#) to the DCFS Child Protective Services Unit. [Document on the inquiry screen.](#)

- The CFS-342A must be completed for each household member age fourteen (14) years and older. The Criminal Record Check will be repeated every five (5) years. The CFS-342A must be submitted for checks by the designated DCFS staff person and routed to the DCFS Foster Care Unit. Document on the inquiry screen.
- The CFS-349b must be completed for each household member age fourteen (14) years and older. The CFS-349B must be submitted for checks by the designated DCFS staff person.. Local background checks are to be repeated every two (2) years. Document on the inquiry screen.
- An FBI criminal record check must be requested for families who have not resided in Arkansas continuously for the past five (5) years. The state criminal record check must be completed prior to requesting the FBI criminal record check. Forward the FBI print card, with the results of the state criminal record check attached, to the Foster Care Unit for processing. The designated DCFS staff person will be responsible for submitting the FBI check. Inform the family that they are responsible for paying for the FBI check and ensure that the family completes the FBI print card with good, un-smudged prints. If the prints are not readable the family will have to re-submit and pay for a new check. Document on the inquiry screen.
- NOTE: You must have the results of the Motor Vehicle Safety program before you can recommend a family for pre-service training. The results of the criminal background checks or Central Registry checks are not required to recommend a prospective family for training. However, if the results of a check are received before the completion of the in-home consultation and the results include a negative finding, then the family cannot be recommended for training. See procedure VII-A5 (Denial of a Foster Home). Document on the inquiry screen.
- Within 30 calendar days of the initial contact and in-home consultation, submit the signed and completed CFS-446 (In Home Consultation Visit Report) to the DCFS County Supervisor with one of the following recommendations:
 - Invite the applicant to attend Pre-Service Training, or
 - Do not invite the applicant to Pre-Service Training and provide an explanation, i.e., the applicant fails to meet standards.

SELECTION FOR PRE-SERVICE TRAINING

The DCFS County Supervisor/or Designated Supervisor will:

- Log receipt of the CFS-446 on the DCFS Foster/Adopt Home Inquiry screen located on the Intranet. If the Intranet is down, use the CFS-563 (Foster Parent/Adoptive Parent Recruitment Log) to document contact. If the CFS-563 is used to document contact, then follow up and document the information on the inquiry screens on the Intranet for reporting and tracking purposes.
- Note approval or disapproval of recommendation within five (5) working days of submission of the CFS-446 by the Foster Home Evaluator.
- Either approve or disapprove the recommendation of the Foster Home Evaluator. Enter recommendation in the Inquiry screen. The system will automatically notify MidSouth of approval status.
- Sign and return the CFS-446 to the Foster Home Evaluator.

- Send letter to applicants who were not approved to attend Pre-Service Training, forward a copy of the letter to the Foster Home Evaluator, and log notice of non-selection on the DCFS Foster/Adopt Home Inquiry screen located on the Intranet. If the Intranet is down, use the CFS-563 (Foster Parent/Adoptive Parent Recruitment Log) to document contact. If the CFS-563 is used to document contact, then follow up and document the information on the inquiry screens on the Intranet for reporting and tracking purposes.
- Submit the completed CFS-316 (Request for CPS Central Registry Check), CFS-342A (Foster Care Criminal Record Check), CFS-349B (Request for Local Criminal Record Check) and FBI criminal record check to respective agencies responsible for the checks. Submit completed forms for checks on the same day that approval is sent to MidSouth. Document the date the forms were submitted in the "Inquiry" screen on the Intranet. File a copy of the results in the county office. (If a fee is charged for conducting the local criminal record check, forward the bill to the DCFS Chief Fiscal Officer, Slot S561.)

The Foster Home Evaluator/Designated Supervisor will, within five (5) working days of approval,:

- Invite approved applicant to Pre-Service Training.
- Submit a copy of the following to the prospective foster parents with a copy to the foster parent trainer (MidSouth):
 - The CFS-446 approving the family to attend Pre-Service Training.
 - The family's completed and signed CFS-316, CFS-342A, and CFS-349b. The CFS-316, CFS-342A, CFS-349b and FBI check must be submitted for checks by the designated DCFS staff upon completion. The forms must be submitted prior to the family attending training, however, the results are NOT required before the family can attend training.
 - Cover letter to the prospective foster family that will:
 - Inform the prospective foster parent of approval to attend Pre-Service Training.
 - Inform the prospective foster parent that the trainer (MidSouth) will contact them to schedule the Pre-Service Training session.
 - If the CFS-450 (Family Foster Home Study Application) was not previously completed, instruct prospective foster parent to complete the CFS-450 and submit it at the first Pre-Service Training Session.
 - Remind prospective foster parent of their responsibility to secure CPR and First Aid Training and certification prior to approval.

Counties or Areas may conduct pre-orientation sessions to further clarify the foster parent application process, to collect paperwork from prospective families, and to notarize criminal background checks. If a pre-orientation session is held, the session will count as 1½ hours towards the 30 hours needed for pre-service training.

PROCEDURE (VII-A2): Foster Parent Training

The foster family home (Non-Relative), relative foster home (Kinship Only) and relative foster home (Fostering and Kinship) will:

- Submit the completed CFS-450 on the first day of training.
- Complete CPR and First Aid Training and receive certification in both areas prior to approval to become a foster parent.

- Complete a minimum of thirty (30) hours of Division-sponsored or Division-approved pre-service training prior to placement of a child.
- Participate in a training needs assessment process to develop a plan for needed training and support at the completion of pre-service training.
- Complete a minimum of fifteen (15) hours of Division-sponsored or Division-approved in-service training annually after the first year of service.
- Maintain current CPR certification and First Aid training. Maintenance of CPR certification and First Aid training is in addition to the fifteen (15) hours of continuing education and cannot be counted as part of the continuing education.
- Submit a TR-I within 30 days of completing training to receive reimbursement for CPR Certification and First Aid training.
-

The **Family Service Worker** or Designee will:

- Refer to PUB-022 (Standards for Approval of Family Foster Homes) for training requirements.
- Maintain an "Individual Training Record Report" (CFS-6058) to include the Individual Training Needs Assessment (ITNA) for each foster parent.

Enter the foster parents' hours of in-service training on the "Training" screen in CHRIS.

PROCEDURE (VII-A3): Approval of Foster Home

Prospective foster families must complete a home evaluation as part of the process to become an approved foster family. A family can be evaluated by designated Division staff or by staff contracted through the MidSouth Training Academy. These staff are responsible for the following:

- Completing a home study on the family. The home study must address and describe the family's compliance to the standards listed in PUB-022 (Standards for Approval of Family Foster Homes).
- Completing the approval process based upon the Division's "Standards for Approval of Family Foster Homes" (PUB-022).
- Submitting the completed home study I to the DCFS County Supervisor for review within 30 days of the family completing pre-service training, with a recommendation for approval/denial.

The DCFS **County Supervisor** will:

- Make a final face-to-face visit to the prospective foster family home recommended for approval.
- Enter a disposition as to the approval/denial of the foster home within 30 days of receipt of the home study from the Evaluator. If the recommendation is approval, then:
 - Complete the CFS-475 (Checklist for Compliance).
 - Schedule a date for a County or Area Orientation Session for newly approved foster parents.
 - Send a "Letter of Approval" to the foster family and invite the foster family to the County or Area Orientation Session.

Enter approval in the Inquiry screen. If the Internet is down, use the CFS-563 (Foster Parent/Adoptive Parent Recruitment Log) to document approval. Transfer information listed on the CFS-563 to the Inquiry screen when Internet use returns.

If the recommendation is denial, send a "Letter of Denial" to those applicants who were not approved. (See Procedure VII-A5 [Denial of a Foster Home].) Document denial on the Inquiry screen. If the Internet is down, use the CFS-563 (Foster Parent/Adoptive Parent Recruitment Log) to document denial. Transfer information listed on the CFS-563 to the Inquiry screen when Internet use returns.

DCFS County Supervisor or Designee will:

- Hold the Area or County Orientation Session. At the Orientation Session, County or Area staff will, at a minimum, provide each foster family with a new foster parent packet and review the packet content with the foster parents. The packet will include a Certificate of Approval, a Foster Parent Handbook (PUB-30), a foster parent journal, a supply of TR-1s and any other forms deemed necessary.

The Placement Supervisor, DCFS County Supervisor or Area Manager will::

- Enter the approved foster family into CHRIS by identifying them as a Foster Family in the Resource Category field and as one of the following three Resource Types on the General Information screen in the "Resource" section:
 - Foster Family Home (Non-Relative)
 - Relative Foster Home (Kinship Only)
 - Relative Foster Home (Fostering and Kinship)
- Continue completing the following CHRIS "Resource" screens for the new approved foster family home:
 - General Information Screen
 - Assign/Transfer Screen
 - Status (Availability and Home Study sections)
 - Homes:
 - Inquiry
 - Household Members
 - Household Composition
 - Contact Persons
 - Services Admission Criteria

The Family Service Worker will:

- Monitor the foster home on a quarterly basis for compliance with Division standards, if approved.
- Develop and maintain a record for each foster family home that contains all information and documentation required by PUB-004 (Minimum Licensing Standards for Child Welfare Agencies). The case record order shall reflect the order in Appendix VI.

PROCEDURE (VII-A4): Re-evaluation of the Foster Home

The Foster Home Evaluator will:

- Complete the Individual Training Needs Assessment in conjunction with the foster parent.
- Complete the CFS-475 (Checklist for Compliance).

- Complete the “Family Foster Parent Re-evaluation” (CFS-451).
- Re-evaluate the foster home annually. **Please note:** The completion and approval of all foster home re-evaluations must be documented in CHRIS. If a foster family re-evaluation is not completed and documented annually in CHRIS, any IV-E eligible child placed in the home will lose his IV-E eligibility until the re-evaluation of the family is completed and documented.
- Re-evaluate the foster home whenever there is a major life change in the life of the foster family such as:
 - Death or serious illness among the members of the foster family.
 - Separation or divorce.
 - Loss of or change in employment.
 - Change in residence.
 - Suspected child maltreatment of any child in the foster home.
 - The addition of family members.
 - The foster parents’ annual in-service training requirements are more than sixty (60) calendar days overdue.
- Document in the foster home record that the foster parent(s) maintained current certification in both CPR and First Aid.
- Request an exception for any foster parent whose annual in-service training hours are sixty (60) calendar days overdue, if appropriate.
- Submit documentation to the DCFS County Supervisor or Designee.
- Enter appropriate data in CHRIS.

The **County Supervisor** will:

- Review the CFS-451.
- Enter a disposition as to the continued approval of the home.

The **Area Manager** will:

- Receive the request for exception to in-service training requirements.
- Review the quality of care provided by foster families and the reasons for overdue training.
- Determine whether to grant an exception to the in-service training requirement for up to sixty (60) calendar days.

Procedure (VII-A5) Denial of a Foster Home

Non-Approval as a Result of the In-Home Consultation Visit Report:

- The Foster Home Evaluator will inform the family of their non-compliance with any identified standard. If there is a standard that the family can correct, a corrective action plan will be documented on the In-Home Consultation Visit Report (CFS-446) with identified time frames and persons responsible for achievement. The family cannot be approved to attend training until the corrective action is completed.

- The Foster Home Evaluator will recommend non-approval for training if the family cannot comply with all approval standards, including if they receive a negative result from the Vehicle Safety Program.
- The non-compliance will be shared with the family by the Foster Home Evaluator and documented on the CFS-446. The family will sign the In-Home-Consultation acknowledging non-compliance. The County Supervisor will disapprove the family and the family will be given a copy of the CFS-446 with all signatures.

Negative Results of a Background Check:

- If a negative result from a background check is received before a family starts training, the County Supervisor/Designee will share the results with the family and inform them of their ineligibility to attend training.
- The County Supervisor will send a "Letter of Denial" to the applicant.
- Document the results of the background check and the date the "Letter of Denial" is sent in the Inquiry Screen on DHS Gold.

Non-Approval of the home:

- The County Supervisor will send a "Letter of Denial" to all applicants who are not approved.
- Document in the Inquiry Screen the reason for denial and the date the "Letter of Denial" was sent.

Procedure (VII-A6) Foster Parent Retention

The Family Service Worker will follow the guidelines below to ensure good casework practice to retain foster parents:

- Ensure good communication among all team members, as well as mutual respect, understanding, and honesty are essential elements of the team effort. All team members share the responsibility for ensuring the lines of communication are kept open and in use.
- Keep foster parents informed of DCFS programs, services, and policies that relate to foster family care.
- Discuss and assist with the completion of the Initial Foster Family Agreement (CFS-462) and Foster Home Agreement Addendum (CFS-462A) and compliance with the terms.
- Support foster homes as needed to adequately serve children.
- Provide foster parents with telephone numbers of the assigned Family Service Worker at the time of placement. Foster parents will be provided a list of after hours DCFS contacts and numbers.
- Inform foster parents of their access to a grievance procedure when differences arise with DCFS which have not been resolved to the foster parents satisfaction, as outlined in the Family Foster Parent Handbook (PUB-030).

POLICY (VII-C): SUPERVISION OF CHILDREN IN OUT-OF-HOME PLACEMENT

Children in out-of-home placement will be visited regularly and such visits will take place no less than weekly for the first month of placement into foster care or a new foster home. Visitation after the first month in care will occur monthly in the foster home, with the worker maintaining weekly contact with the child through the following settings: school, parental visits, during transportation to medical appointments, court hearings or via telephone.

The purpose of these visits shall be to:

- Keep open communication with the age-appropriate child;
- Engage the child and foster parents, as appropriate, in activities geared to accomplish case plan goals and to assure the child's needs are being met;
- Assess the quality of the care being provided;
- Determine the extent to which the child's developmental, medical, intellectual, and emotional needs are being met; and
- Assess the child's adjustment to the out-of-home placement, foster parents, other persons in the home, and school.

Weekly visits will occur in the foster home and include a private conversation with the age-appropriate child to assess the quality of care being provided.

The Division shall notify the child's family, the OCC Attorney, Child Abuse Hotline and the Attorney ad litem if the child is the subject of an allegation of child maltreatment. If the alleged child maltreatment occurred in the out-of-home placement, the Attorneys ad litem for all other children placed in the home shall be notified. The information obtained during the investigation /interview will determine whether the involved children or other children in the out-of-home placement will be removed pending a final outcome of the investigation. If the alleged child maltreatment occurred and the foster family can correct the problem, which resulted in the child maltreatment, a corrective action plan may be established with the foster family. However, the safety of the children will be the first consideration and the Division may close a foster home with a true determination of child maltreatment without a corrective action plan.

PROCEDURE (VII-C1): Supervision of Children in Out-of-Home Placement

The Family Service Worker will:

- Visit with the child at least once a week in the out-of-home placement for the first month of placement or placement in a new foster home. Visits by other DCFS staff (e.g., SSA, Supervisor) will count as a weekly visit after the case has been opened 30 days.
- Visit the child in the foster placement monthly and document visits in the contact screens in CHRIS. Visits by other DCFS staff will not count towards the worker's required monthly visit.
- Maintain weekly contact with the child in foster care. Weekly contact can be face-to-face in other settings (e.g., school, during parental visits, during transportation to medical visits, after a court hearing, or via telephone). Document weekly contacts in the contact screens in CHRIS.
- Report to the Child Abuse Hotline immediately if the child is the subject of an allegation of child maltreatment, and then immediately notify the child's custodial/non-custodial parent(s) parent, the OCC Attorney and Attorney Ad Litem.

- Follow up immediate notification by forwarding a copy of the CFS-310 (Notice of Child Maltreatment Allegation) **immediately, but no later than five (5) business days**, to **the child's custodial/non-custodial parent(s)**, Attorney Ad Litem and OCC Attorney whenever the child is the victim or offender named in an allegation of child maltreatment.
- Notify Attorneys ad litem, via the CFS-310, **immediately, but no later than five (5) business days**, for all the children placed in the **same** out-of-home placement if the allegation is in connection with the foster home.
- If there is an allegation of sexual abuse perpetrated by a foster child, a public defender will be assigned to the child. The investigating agency (CACD) will provide notice of the investigative determination to the juvenile, the juvenile's parents and the public defender who represented the child during the investigation via the CFS-312 (Child Maltreatment Assessment Determination). The CFS-312 must be forwarded to the Juvenile Division of the Circuit Court if there is a true finding of sexual abuse perpetrated by a child under the jurisdiction of the court.

POLICY (VII-D): CHANGES IN OUT-OF-HOME PLACEMENT

The Division recognizes the importance of providing a stable placement for children in out-of-home placement. Family preservation services shall be utilized if necessary to address problems in the out-of-home placement in order to prevent disruption.

Changes in placement shall be made only after notification to the age-appropriate child, foster parent, the court, the OCC Attorney, Attorney Ad Litem, and the child's family. Notices shall be sent in writing two (2) weeks prior to the proposed change. The notice shall:

- Specify reasons for the proposed change,
- Provide to the Attorney Ad Litem the address of the proposed new out-of-home placement, and
- Provide to the child the name and telephone number of the Attorney Ad Litem.

The age-appropriate child will be notified of the right to appeal the change and to request assistance from the Attorney Ad Litem. Pre-placement visits shall be conducted when possible before a change in placement. Exceptions to the advance notice requirement shall be made if the child's health or safety would be endangered by delaying a change in placement. Within twenty-four (24) hours of the emergency change in placement, DHS shall notify the custodial/non-custodial parent(s), the OCC Attorney and the child's Attorney Ad Litem of the change via the CFS-300 (Parent/Attorney Ad Litem Notification of Change). DHS shall provide written notice to the Attorney Ad Litem with the name and address of the new out-of-home placement provider. Within seventy-two (72) hours of the emergency change in placement, DHS shall provide written notice to the OCC Attorney and Attorney Ad Litem for the specific reasons justifying the change of placement without advance notice.

If an agent, employee, or contractor of DHS fails to comply with the emergency notice of change in placement requirements, then an action for violation of the requirement may be filed by any party to the action against the person who failed to comply with the requirement. The court will determine the assessment of punishment with the most probable punishment being cited as contempt of court.

If the court finds the agent, employee, or contractor of DHS failed to comply with the requirement, then the court may order DHS or the agent, employee, or contractor to pay all of the costs of the proceedings brought under this requirement.

When a foster parent requests a foster child be removed from their home, excluding an emergency that places the child or a family member at risk of harm, the foster parent must attend a staffing to discuss what services or assistance may be needed to stabilize the placement. The staffing will be held within 48 hours of notification by the foster parent to remove the child from their home. The foster child, the child's Attorney Ad Litem and a CASA, if appointed to the case, shall be notified so that they can attend and participate in the staffing and planning for the child's placement. If the placement cannot be stabilized the foster parent will continue to provide for the foster child until an appropriate alternative placement is located, but this shall not be longer than five (5) business days. These efforts will serve to reduce the number of placements of children in foster care.

The DCFS Eligibility Unit will be notified concerning changes in the child's out-of-home placement. This includes situations wherein the child remains in foster care but is moved from one out-of-home placement to another; has returned home; been placed at a DYS facility, a juvenile detention center, placed with a relative (non-kinship care), on runaway status, or on a trial placement, etc. The child's Medicaid case will close the date the child's foster care case is closed.

Children who are in the custody of the Department shall be allowed trial placements with parents, for a period not to exceed thirty (30) days. At the end of the thirty (30) days, the court shall either place custody of the child with the parent or the Department shall return the child to a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined by A.C.A. §9-28-402. To comply with Title IV-E eligibility requirements, trial placement must occur in the home of the custodial/non-custodial parent(s) and may not exceed six (6) months in duration, unless a court orders a longer trial home visit. If a trial placement extends beyond six (6) months and has not been authorized by the court, or exceeds the time period the court has deemed appropriate, and the child is subsequently returned to foster care, that placement must then be considered a new placement, and Title IV-E must be newly established. Under these circumstances, judicial determinations regarding “contrary to the welfare” and reasonable efforts to prevent removal are required. Trial home visits will not exceed thirty (30) days for all children who are placed in the custody of the Department whether the child is IV-E eligible or not.

At the closure of all out-of-home placement cases discharge planning must be conducted to ensure the health and safety of the child at case closure. The health and safety assessment and risk assessment are tools to be used in determining case closure. Discharge planning must be done at the staffing to close the case. Minimum licensing standards require that a discharge summary be completed on each child and a copy given to the child’s parents if the Division has not been granted TPR (Termination of Parental Rights) by the court. A copy of the discharge summary must become a part of the child’s case file.

PROCEDURE (VII-D1): Changes in Out-of-Home Placement

The **Family Service Worker** will:

- Provide written notice via the CFS-300 (Parent/Attorney Ad Litem Notification of Change in Placement) to the age-appropriate child, the foster parents, OCC, the court, the Attorney Ad Litem, and the child’s family of any changes in placement two (2) weeks prior to the change. The CFS-300 must be given to all parties listed for all planned or emergency changes in placement.
- Select the Out-of-Home Placement that best fits the needs of the child. A child who has been identified as an EXEMPTED FROM FINDING UNDER AGE JUVENILE AGGRESSOR OR SEXUAL OFFENDER must not be placed in a foster home with other children, unless the child’s therapist feels that the child is no longer a danger to other children. Proper documentation of this will be contained in the child’s hard copy file. If the recommended placement is a facility, the facility must receive information regarding the allegations. This must be documented in the Recommend Placement screen in CHRIS.
- Arrange for a pre-placement visit.
- Provide new address to Attorney Ad Litem.
- Inform age-appropriate child of the right to appeal a change in placement.
- Request an exception to advance notice if an emergency exists.
- Notify the OCC Attorney, Attorney Ad Litem and the child’s parent by phone or in person within 24 hours of the change in placement, when a placement is an emergency. If the whereabouts of the parent are unknown, reasonable diligence to locate the parents must be made and documented.
- Complete and fax or hand deliver the CFS-300 to the Attorney Ad Litem within 72 hours of the move. The top portion of the CFS-300 is to be completed only for the child’s parent and the entire form must be completed for the notification to the Attorney Ad Litem.
- Submit the “Notification of Change” (CFS-495) to the Foster Care/Medicaid Eligibility Unit within 10 days of change in placement.
- Update child placement information in CHRIS. Updating the placement information will open a response window to notify the Eligibility Unit of the placement change.

- Document submission of the CFS-300 and CFS-495 in the CHRIS Document Tracking Screen.

If a request for removal is made by the foster parent:

The **Family Service Worker** will:

- Hold a staffing within 48 hours of notification of a request for removal from the foster parent. If the request is made on the weekend or a holiday, the staffing must be held by the close of business of the next working day.
- Remove the child immediately without holding a staffing if the request for removal from the foster parent meets the definition for “imminent harm”. Imminent harm is defined as an emergency that places the child or a family member at risk of harm.
- Prepare immediate notification of a staffing to be given to the OCC Attorney, Attorney Ad Litem, CASA, and the foster child if age appropriate. If appropriate, request that a licensed mental health professional or private mental health provider attend, or otherwise participate, in the staffing. The notification can be by phone, fax, or email. Ensure that you have a way of contacting the Attorney Ad Litem and CASA immediately. This staffing and notification does not impact required staffings and should only be conducted to help stabilize the placement and /or planning for the child’s placement.
- Make an appropriate alternative placement within five (5) business days from the request, if the placement cannot be stabilized.

These requirements do not apply to planned moves, or planned placements, or to respite care.

PROCEDURE (VII-D2): When A Foster Child Runs Away

Out-of-home placement providers (foster parents, shelters and residential facilities) need to be aware that there are instances when a child will leave a placement without authorization (runs away). If it is suspected that a child has run away, the out-of-home provider should begin an immediate search for the child. The search will entail the following actions: (1) searching the immediate premises (2) searching the community and (3) contacting the child’s friends and family members who may know of, or have clues about, the child’s whereabouts. If the child cannot be located within two (2) hours, the out-of-home provider shall notify their Family Service Worker or the DCFS County Supervisor. (If a foster child is placed in a facility or shelter outside of the initiating county, the Family Service Worker in the resident county shall be responsible for notifying the initiating county Family Service Worker of the child’s runaway status, in accordance with Procedure III-A4.)

After notification of the child’s disappearance by the foster parent, shelter or residential facility, the Family Service Worker or DCFS County Supervisor will:

- Notify the Area Manager.
- Notify the local police department, state police, sheriff’s office and the child’s Attorney ad litem, give a description of the child and contact OCC for a pick-up order. A picture of the child can be released to assist with identification provided that the child is not identified as a foster child.
- Contact OCC who will then notify the judge who has jurisdiction. If the child is from another county, the resident county Family Service Worker will notify the initiating county Family Service Worker to contact OCC.
- If the child’s home is in another county, or if the custodial/non-custodial parent(s) or relatives live in another county, the Family Service Worker in the family’s resident county should be notified to alert the local police and sheriff’s department to look for the child.
 - Notify the child’s custodial/non-custodial parent(s) **within two (2) hours, or sooner depending on the age of the child**, of the discovery of the child’s disappearance by phone or visit to the home. If the custodial/non-custodial parent(s) current or correct address or telephone number is

unknown, a letter should be written to their last known address. If the custodial/non-custodial parent(s) are in another county the Family Service Worker in that county will assume responsibility for notifying the custodial/non-custodial parent(s).

- If the child has indicated a destination, the police in the designated area should be notified to look for the child and whom to notify if the child is picked up.
- Update the child's placement information in CHRIS. Updating the placement information will open a response window to notify the DCFS Eligibility Unit of the placement change.
- Complete and transmit the DHS Incident Reporting Screen data fields in IRIS to the DCFS Director's office and the DHS Director's office, via the Client Advocate, no later than the end of the second business day following the incident. (See DHS Policy 1090 "Incident Reporting".)
- **As soon as the child is found**, call, or email, each person, and unit that has been alerted, and let them know the child has been located.
- When an Arkansas foster child has run away and is located in another state, the Administrator of the Interstate Compact on Juveniles (ICJ) should be notified. The Division of Youth Services administers the Interstate Compact on Juveniles.
- ICJ will process all out-of-state runaways (probationers, runaways, foster children).
- Foster children who are located after they run away from Interstate Compact on the Placement of Children (ICPC) approved placements are handled by the DCFS ICPC office. However, if a pick-up order is issued, ICJ is responsible.
- Neither ICJ nor ICPC are responsible for children that are kidnapped (by either a custodial or non-custodial parent) in one state and taken to another state. These situations are a matter between the legal custodian and law enforcement.
- **If the child is not found**, continue to call previously contacted parties and inquire for information, furnish further information that becomes available, and if appropriate, extend the search to other counties and states. Advise the court of jurisdiction of the status of the runaway foster child. Frequent contacts, not less than monthly, should be made with the custodial/non-custodial parent(s) to assure them that the search continues.
- Submit a follow-up or final report on the DHS-1910, in IRIS, as warranted by the circumstances. The follow-up report should be submitted to the DCFS Director and DHS Director's office as soon as additional information becomes available.
- Update the child's placement status in CHRIS.

NON-RECURRING ADOPTION EXPENSE SUBSIDY -- Payment for non-recurring adoption expenses incurred in the adoption of a child with special needs and is limited to \$1,500 per child. Payment will be made to or on behalf of parents who have adopted or have accepted placement for the purpose of adoption.

ORDER OF LESS THAN CUSTODY – A court order that DCFS may seek when there are protection issues regarding a child who has been subjected to severe maltreatment, but the Division does not want to seek custody.

OUT-OF-HOME PLACEMENT - Placement in a home or facility other than placement in a youth services center, a detention facility, or the home of a parent or guardian of the juvenile; or placement in the home of an individual other than a parent or guardian, not including any placement where the court has ordered that the placement be made permanent and ordered that no further reunification services or six-month reviews are required.

OUTPATIENT MENTAL HEALTH EMERGENCY – Defined by the Community Mental Health Center's actions and protocol, including, but not limited to, facilitation of admission to a hospital or other appropriate 24 hour treatment facility.

PARENT -- Biological mother, an adoptive parent, a man to whom the biological mother was married at the time of conception or birth, or has been found by a court of competent jurisdiction to be the biological father of the juvenile.

PORNOGRAPHY -- Obscene or licentious material, including pictures, movies and videos. Applying contemporary community standards, the material will be considered pornographic if an average person would find that the material taken as a whole appeals to the prurient interest or if the material depicts in a patently offensive way sexual conduct. The material must lack serious literary, artistic, political or scientific value to be considered pornographic.

PREPONDERANCE OF THE EVIDENCE – Evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact to be proved is more probable than not.

PSYCHIATRIC CRISIS – Any condition requiring greater than routine services, but requiring less than hospitalization; a condition that is not homicidal or suicidal, or if it is, one that can be handled with a no-harm contract and/or a viable plan for safety.

PUTATIVE FATHER – A man who claims or is alleged to be the biological father of a juvenile, but has not been so deemed or adjudicated by a U.S. court.

REASONABLE EFFORTS - Efforts to preserve the family, prior to the placement of a child in foster care, to prevent the need for removing the child from his home and efforts to reunify a family, made after a child is placed out of the home, to make it possible for the child to safely return home.

They also include efforts made to obtain permanency for a child who has been in an out-of-home placement for more than twelve (12) months or for fifteen (15) of the last twenty-two (22) months.

It also adds the clear and convincing standard to a finding by the court to relieve DHS from providing reasonable efforts to reunite. It further defines juvenile court a court of competent jurisdiction for purposes of determining the fast-track grounds and adds the following to the list of fast-track grounds:

- Committed a felony battery or assault that results in serious bodily injury to any child.
- Abandoned an infant.

RECEIVING PARTY -- Local agency, office, facility, or individual who will be supervising a child placed into a state under the provisions of the ICPC.

RECEIVING STATE -- State to which a child is sent for supervision under the provisions of the ICPC.

SENDING PARTY -- Local agency, office, facility, court or individual who has custody/jurisdiction of a child and has requested or arranged for an out-of-state placement the provisions of ICPC.

APPENDIX IX - FOSTER HOME RECRUITMENT AND APPROVAL FLOW CHART

